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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	American Bankers Insurance Company of Florida
<b>TOI/Sub-TOI:</b>	33.0 Other Lines of Business/33.0002 Other Commercial Lines		
<b>Product Name:</b>	TRIA 2015		
<b>Project Name/Number:</b>	First Protector/DC07897AI00017		

## Filing at a Glance

Company:	American Bankers Insurance Company of Florida
Product Name:	TRIA 2015
State:	District of Columbia
TOI:	33.0 Other Lines of Business
Sub-TOI:	33.0002 Other Commercial Lines
Filing Type:	Rule
Date Submitted:	09/03/2015
SERFF Tr Num:	ASPX-G130231503
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	DC07897AI00017
Effective Date	01/01/2016
Requested (New):	
Effective Date	01/01/2016
Requested (Renewal):	
Author(s):	SPI AssurantPC
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

**State:** District of Columbia **Filing Company:** American Bankers Insurance Company of Florida  
**TOI/Sub-TOI:** 33.0 Other Lines of Business/33.0002 Other Commercial Lines  
**Product Name:** TRIA 2015  
**Project Name/Number:** First Protector/DC07897AI00017

## General Information

Project Name: First Protector Status of Filing in Domicile: Not Filed  
Project Number: DC07897AI00017 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/03/2015  
State Status Changed: Deemer Date:  
Created By: SPI AssurantPC Submitted By: SPI AssurantPC  
Corresponding Filing Tracking Number:

Filing Description:  
September 3, 2015

District of Columbia Department of Insurance

Re: AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
NAIC # 019-10111 / FEIN # 59-0593886  
LOB: Commercial Miscellaneous  
First Protector Program  
Company Filing Number: FIB DC07897AI0017

Rule Filing:  
Manual Pages AB-FP-DC-1 09/15 Replaced: AB-FP-DC-1 05/15

Dear Examiner:

Our First Protector program is approved in your state.

Pursuant to H.R. 26, Terrorism Risk Insurance Reauthorization Act of 2015, we are submitting the above referenced forms for use with our program.

The corresponding form filing was submitted via SERFF# ASPX-G130230880.

We are requesting an effective date of January 1, 2016 for both new and renewal business.

Thank you for your time and attention to this filing. If you have any questions, please feel free to contact me.

Sincerely,

Toni Fish  
Contract Compliance Analyst  
State Filings Department  
Phone No.: 1-800-852-2244, Extension 33104  
Fax No 305-256-7108

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<b>Project Name/Number:</b>	First Protector/DC07897AI00017		

## Company and Contact

### Filing Contact Information

Toni Fish, Contract Compliance Analyst	Toni.Taylor@assurant.com
11222 Quail Roost Drive	305-253-2244 [Phone] 33104 [Ext]
Miami, FL 33157	305-252-6987 [FAX]

### Filing Company Information

American Bankers Insurance Company of Florida	CoCode: 10111	State of Domicile: Florida
11222 Quail Roost Dr	Group Code: 19	Company Type:
Miami, FL 33157	Group Name: Assurant, Inc. Group	State ID Number:
(305) 253-2244 ext. [Phone]	FEIN Number: 59-0593886	

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

<b>SERFF Tracking #:</b>	ASPX-G130231503	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	DC07897AI00017
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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	American Bankers Insurance Company of Florida		
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<b>Product Name:</b>	TRIA 2015				
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## Rate Information

Rate data does NOT apply to filing.

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	American Bankers Insurance Company of Florida
<b>TOI/Sub-TOI:</b>	33.0 Other Lines of Business/33.0002 Other Commercial Lines		
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## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Manual Page	AB-FP-DC	Replacement	ASPX-G1300977753	AB-FP-DC0915_Manual Page 1_FIB#7897.PDF

# AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

## FIRST PROTECTOR PROGRAM

### MANUAL PAGE

### DISTRICT OF COLUMBIA

#### A. FORMS

1. Policy.....	AH8145PQQ-0697
2. Policy Declarations.....	AJ8697DQQ-0207
3. Certificate of Insurance.....	AH8146CQQ-0697
4. Certificate of Insurance Declarations.....	AJ8698DQQ-0310
5. Computer Declarations.....	AH9096DQQ-0100
6. Enrollment Form.....	AB3829APC-0413
7. Enrollment Form.....	AB3838APC-0413
8. Enrollment Form.....	AB3278APC-0413
9. Enrollment Form.....	AB3279APC-0413

#### B. ENDORSEMENTS

1. Mandatory Endorsement (Attach to Master Policy).....	AH8480EQQ-0207
2. Mandatory Endorsement (Attach to Certificate of Insurance).....	AH8481EQQ-0207
3. Monthly Premium Payment Endorsement (Attach to Certificate of Insurance).....	AF8510EQQ-0205
4. Monthly Premium Payment Endorsement (Attach to Master Policy).....	AF8511EQQ-0205
5. General Change Endorsement.....	AH9169EXX-0699
6. Deductible Reimbursement Endorsement.....	AJ9210EQQ-0207
7. Emergency Cash Coverage Endorsement (Attach to Certificate of Insurance).....	AJ9214EQQ-0207
8. Emergency Cash Coverage Endorsement (Attach to Master Policy).....	AJ9320EQQ-0207
9. Extension of Repair Endorsement.....	AJ9225EQQ-0207
10. Notice of Pending Cancellation/Notice of Nonrenewal.....	NOTE4500.DOCDCNOTE.DOC-0914
11. Involuntary Unemployment Insurance Endorsement.....	AB1242EPC-0310
12. Involuntary Unemployment Insurance Endorsement.....	AB1243EPC-0310
13. Notice of Cancellation, Nonrenewal or Declination of Insurance.....	(E)GU 404q (Ed. 8-14)
14. Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses Endorsement.....	FIB0001E-0415
15. Disclosure Notice-Applicant or Policyholder Pursuant to Terrorism Risk Insurance Act.....	N8051-0415

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<b>TOI/Sub-TOI:</b>	33.0 Other Lines of Business/33.0002 Other Commercial Lines		
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<b>Project Name/Number:</b>	First Protector/DC07897AI00017		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	Cover Letter
<b>Attachment(s):</b>	GENFL_090315_DC Rule.PDF
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Actuarial Certification (P&C)
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Manual Page Comparison
<b>Comments:</b>	Manual Page Comparisoin
<b>Attachment(s):</b>	AB-FP-DC0915_Manual Page 1 redlined_FIB.PDF
<b>Item Status:</b>	
<b>Status Date:</b>	

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<b>Project Name/Number:</b>	First Protector/DC07897AI00017		

<b>Satisfied - Item:</b>	TRIA Filing Form
<b>Comments:</b>	TRIA Filing Form
<b>Attachment(s):</b>	TRNFM_081415_expedited transmittal_tria2015.PDF
<b>Item Status:</b>	
<b>Status Date:</b>	



**ASSURANT**

**American Bankers Insurance  
Company of Florida**

11222 Quail Roost Drive  
Miami, FL 33157-6596  
T 305.253.2244 F 305.252.6987

September 3, 2015

[www.assurant.com](http://www.assurant.com)

District of Columbia Department of Insurance

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**EXPEDITED SERFF FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

Indicate Type of Filing
<ul style="list-style-type: none"><li>• Filing Related to <i>Certified Losses</i></li><li><input type="radio"/> Filing Related to <i>Non-Certified Losses</i></li><li><input type="radio"/> Filing Applicable to Both Certified and Non-Certified Losses</li></ul>

**This abbreviated filing transmittal document should be used in conjunction with a SERFF filing only.**

To be complete, a filing must include the following:

- A completed Expedited SERFF Filing Transmittal Document.
- One copy of each endorsement, disclosure form and/or or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation, if applicable.
- The appropriate filing fees, if applicable

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and/or the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

**Electronic Signature:**

